



At a Glance

May 29, 2015

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Breaking News

MAXIMUS Child Health Plan *Plus* Customer Service Contract Ending

The Department currently contracts with MAXIMUS to provide Child Health Plan *Plus* (CHP+) and Medicaid eligibility and enrollment services. The contract also includes the operation of a CHP+ customer service center. The services currently handled by Maximus transferred to Denver Health and Colorado's 64 counties on May 26, 2015.

To minimize disruption to clients, the CHP+ customer call center number will remain the same and will ring into Denver Health. The PO Box where payments are sent also remains the same. MAXIMUS will be posting signs and directing walk-in clients to the Denver Health address throughout the month of May and June.

For more information and operational details on this transition, please visit the [website](#).

Targeted Rate Increases

The Department has received legislative approval for targeted rate increases effective on July 1, 2015 for fiscal year 2016. The fee schedule is being updated to reflect the increase. Please reference the [Fact Sheet](#) and [FAQs](#) for more information.

Provider Revalidation and Enrollment

Section 6401 (a) of the Affordable Care Act requires that **all enrolled Medicaid and Medicare providers and suppliers** revalidate their enrollment information under new enrollment screening criteria.

Beginning in September 2015, all existing Medicaid providers will simultaneously undergo revalidation while enrolling into our new Colorado interChange system. All existing Colorado Medicaid and CHP+ providers must revalidate and enroll by **March 31, 2016**.

For more information on the provider screening rule, see our [Provider Resources web page](#).

Coming in 2016: Colorado Medicaid is changing its name!



The Department will be introducing a new look and name for the Medicaid program in May 2016. The new name and logo, shown here, reflects the Department's commitment to excellent customer service, fully engaging our members in their health care and working collaboratively with partners and stakeholders.

Over the next few months, we will be meeting with contractors, stakeholders and other partners to help them plan for this exciting change.

For more information, contact [Debbie Fimple](#).

Denver Health and Medicaid's Buy-In Program Administration

The Department entered into a contract with Denver Health and Hospital on March 1, 2015, for the transition of some eligibility activities currently performed by MAXIMUS, Inc. The current contract with MAXIMUS for eligibility and enrollment services is scheduled to end on June 30, 2015 and a transfer of the services to Denver Health and Colorado's 64 counties began on May 26, 2015.

Since, 2004, Denver Health has performed Medicaid and Child Health Plan *Plus* (CHP+) eligibility and enrollment activities as a Medical Assistance (MA) Site. Their excellent performance and partnership with the Department will ensure a seamless and efficient transition of several eligibility activities, previously handled by MAXIMUS. Denver Health has established a new and separate unit to perform these activities and are excited to take on the additional duties.

In addition to the operation of the CHP+ customer call center, case management and premium fee administration of the Medicaid Buy-In Program is included in the list of activities Denver Health will now manage.

This [chart](#) is provided to assist eligibility sites understand and communicate differences between the Medicaid Buy-In Program and insurance from the Colorado Benefit Exchange.

New Medicaid ID Cards Coming in July

Some changes are being made to Medicaid ID cards issued after July 1, 2015. New cards will look very similar to the current cards, but will be made out of sturdy paper stock and will no longer contain a magnetic strip.

Current Medicaid ID cards are still valid; Medicaid members do not need to request new cards.

As a reminder, Medicaid members are only required to furnish their photo ID at appointments. Medicaid ID cards are not required to receive services. Providers should verify member identity and eligibility at each appointment. For additional information on how to verify member eligibility, see pages 22–24 of the [General Provider Information Billing Manual](#).

For more information, please contact [Kerri Coffey](#).

New Look Coming to Colorado.gov/PEAK

Starting on June 21, 2015, when you visit Colorado.gov/PEAK, you will notice the website has a new look and feel. Though there is a new look and improved navigation, all the programs are staying the same. For more information check out the [county and community partner FAQs](#) under PEAK Resources and Trainings. [Consumer FAQs](#) are also available on the website.

For more information, please contact [Wendy Riola](#).

PEAKHealth Mobile App for Medicaid & CHP+ Clients Now Available



The Department of Health Care Policy and Financing has launched the new PEAKHealth mobile app. PEAKHealth gives Medicaid and Child Health Plan *Plus* (CHP+) members a simple way to keep their information up to date and access important health information right from their phone.

PEAKHealth is for **current** Medicaid and CHP+ members who have a Colorado.gov/PEAK account. As a reminder, Medicaid and CHP+ members can create a PEAK account at any time at Colorado.gov/PEAK. PEAKHealth is **not** designed for people who want to **apply** for benefits.

PEAKHealth will help Medicaid and CHP+ members to search for a provider, view their medical card, update their income and contact information, view benefit information, make a payment and access health and wellness resources.

PEAKHealth can be downloaded at the [Apple iTunes Store](#) or [Android/Google Play App Store](#) for free. For more information on the PEAKHealth mobile app view our [video tour](#) and check out our PEAKHealth stakeholder resource page at [CO.gov/HCPF/PEAKHealth-Stakeholders](#).

We Need You!

The Department is always looking for feedback and participation from our partners and the Coloradans we serve. If you, or someone you know, is interested in getting involved with our Department, check out [CO.gov/hcpf/GetInvolved](#).

We have opportunities for everyone. The Department has a variety of [boards and committees](#) that are open to the public. Some boards and committees have members who are appointed by the governor and confirmed by the senate. We also have a recently launched [Person- and Family-Centeredness Advisory Council](#) for Medicaid and Child Health Plan *Plus* members.

Check it out and find the option that is right for you!

National Association of State Directors of Developmental Disabilities Services Conference in Denver

The conference of the National Association of State Directors of Developmental Disabilities Services (NASDDDS), "New Pathways," will be held in Denver in June 2015.

The NASDDDS is a professional organization representing the nation's agencies in 50 states and the District of Columbia that provide services to children and adults with intellectual and developmental disabilities and their families. The NASDDDS meets annually, inviting experts, policy specialists, and NASDDDS members to share on topics of interest to the broader community. This conference presents "**New Pathways**" underway at the systems level as well as the service level as State I/DD systems are continually forging "**New Pathways**" to support people with I/DD and their families. The June conference is being held in Denver, June 10-12, 2015, although sessions for Volunteer Advocate, Family, and Client/Self-advocates commence

June 11, 2015. Go to the [NASDDDS website](#) for more information and to register; group discounts are available.

For more information, contact [Sarah McDonnell](#).

Legislative Update

The first session of the 70th General Assembly came to a close on May 6, 2015. Per the Constitution, the Colorado legislature is in session for no more than 120 days per year. The next session of the General Assembly begins on January 13, 2016.

More than 680 bills were introduced this year. Along with the Long Appropriations bill, the Department had two other bills:

[HB15-1079](#) Teen Pregnancy and Dropout Prevention Program

The bill allows the General Assembly to appropriate general fund moneys to implement and administer the teen pregnancy and dropout prevention program and extends the repeal date of the program from September 1, 2016 to September 1, 2020.

This bill was postponed indefinitely by the Senate Finance Committee on March 10, 2015.

[HB15-1186](#) Eliminate the Children with Autism Waitlist

The bill would increase the age for the waiver to 8, guarantee 3 years of services regardless of when a child enrolled, and increase the service cap limit and allow the cap to fluctuate in order to increase provider rates.

This bill was sent to the Governor on May 1, 2015.

[SB15-234](#) Long Appropriations Bill

Governor Hickenlooper signed the Long Bill on April 23, 2015.

For more information, please contact [Zach Lynkiewicz](#).

HCPF on Social Media

The Department has launched an official social media presence via Twitter, Facebook, and LinkedIn. We'll be using these channels as an additional way to engage with our varied audiences while echoing the messages of our sister state agencies. Want to join in and help us spread the word? Please Follow HCPF on [Twitter](#) and Like Us on [Facebook](#), and connect with us on [LinkedIn](#).

Increase Enrollment

PEAK Resources and Trainings

PEAK resources and training information is now available on the [PEAK Outreach Initiative's Outreach and Training site](#) or tinyurl.com/peakoutreach.

The site hosts a variety of outreach and training resources for community partners, including:

- Important PEAK announcements and news

- PEAK View newsletters
- Live webinar and training calendar
- PEAK On-Demand recorded webinars
- PEAK User Guides
- PEAK support call schedule
- PEAK logo usage guidelines and files

The PEAK Outreach Team will continue to distribute the PEAK View newsletter on a monthly basis, but you will also be able to stay up-to-date on PEAK happenings and resource materials through the PEAK Outreach & Training site.

For more information, contact PEAKOutreach@bouldercounty.org.

Improve Health Outcomes

Benefits Collaborative Stakeholder Feedback

The Department has opened a 45 day public comment period regarding the proposed Pancreas Transplant Benefit Coverage Standard. During this time, the public is welcome to [read the standard](#) and to submit recommended changes.

Comments may be addressed to:

Kimberley Smith

Department of Health Care Policy and Financing

1570 Grant Street

Denver, CO 80203 or emailed to: BenefitsCollaborative@state.co.us

All comments received by June 20, 2015 will be reviewed by the Department to assist in the determination of what changes to incorporate into the documents.

For more information, contact BenefitsCollaborative@state.co.us.

Invitation to Adult Waiver Redesign Sessions

The Department is hosting sessions throughout the state to exchange information about the recommendations made by the Redesign Workgroup for the Waivers Serving Adults with Intellectual and Developmental Disabilities (I/DD) and to receive feedback and advice from all interested stakeholders.

The Department formed the workgroup in response to the Community Living Advisory Group (CLAG) recommendation for a redesigned Home and Community-Based Services (HCBS) waiver to support eligible adults with intellectual and developmental disabilities. The Workgroup met monthly from October 2013 through January 2015 to develop their recommendations.

For those unable to attend one of our June sessions in person, we will have an [online meeting](#) (see Stakeholder Engagement Sessions) June 10 from 2:00 p.m. to 4:30 p.m.

To RSVP for any upcoming session, for more information (including a list of the recommendations), or to request a special accommodation, go to our [website](#), or contact us by [email](#) or phone, 303 866-5560.

State Innovation Model (SIM) Grant Update

The Workgroups will provide SIM with recommendations on how to proceed towards the goal of healthcare transformation. There are eight workgroups broken up along subject: Health Information Technology, Practice Transformation and Service Delivery, Population Health, Consumer Engagement, Policy, Evaluation, Workforce, and Payers, Purchasers, and Payment Reform. Workgroups are a key component of SIM providing insight, solutions, and subject matter expertise.

The period to apply for a workgroup has closed, but for those who are not on a workgroup many opportunities remain for participation and feedback. Workgroup functions will be open to the public so our stakeholder community may attend and provide feedback during the comment portion of the meetings. Additionally, the SIM Office will post recordings of meetings, minutes, agendas, and any other pertinent information on the [website](#) subsequent to its completion.

For more information, contact [Matthew Welchert](#).

Open Enrollment for Financial Management Services providers for Clients receiving Consumer-Directed Attendant Support Services

The Open Enrollment period for Consumer-Directed Attendant Support Services (CDASS) clients and authorized representatives to change their selection of Financial Management Services (FMS) vendors and/or FMS employer models is January 1 – June 30, 2015.

If a client or authorized representative requests a change after January 1, 2015, the case manager should notify the existing FMS and, if applicable, the new FMS using the enrollment form. The case manager will need to update the Prior Authorizations Request (PAR) if the model is changing. The PAR changes should not be communicated directly to the Department.

The timelines for open enrollment from Agency with Choice (AwC) to AwC or AwC to Fiscal/Employer Agent (F/EA) are below. These timelines are depending on the client or authorized representative submitting the necessary paperwork to the FMS vendor:

1. Selections made and information submitted prior to the 15th of the month will be effective the 1st of the following month. For example, selections made March 1 – 15 will be effective April 1.
2. Selections made and information submitted on or after the 16th of the month will be effective the 1st of the next month. For example, selections made March 16 – 31 will be effective May 1.

For F/EA to F/EA the timelines will be effective the first of the quarter. Additional information will be made available in the future.

For more information, contact [Bonnie Rouse](#).

Home Modification Stakeholder Workgroup

The Department has partnered with the Department of Local Affairs' (DOLA) Division of Housing to increase the quality of the home modification benefit provided to clients. The next six months will be a transition period during which both the Department and DOLA will be soliciting input on proposed changes to oversight of the home modification benefit.

The Department and DOLA will be co-facilitating a series of stakeholder workgroups for the home modification benefit every fourth Thursday from 10:00 a.m. – 12:00 p.m., at 303 East 17th Ave, Denver, Room 11C.

To participate by phone, call:

Local: 720-279-0026

Toll Free: 1-877-820-7831

Participant code: 516148#

We welcome participation from all groups involved in the home modification process, including clients, Occupational Therapists and Physical Therapists, case managers, contractors, stakeholders and local building code officials.

For more information, contact [Diane Byrne](#).

Data Collection Study

Thank you to everyone who participated in the 2015 Healthcare Effectiveness Data and Information Set (HEDIS®) data collection study. The medical record collection has been completed and we will be receiving the final reports from HSAG in mid- July, which we will be sharing with those interested.

The Experience of Care and Health Outcomes (ECHO) survey was fielded on May 4th and will go until June 30th for clients who have received Behavioral Health services in the past year with the final reports due early October.

For more information, contact [Russell Kennedy](#).

Contain Costs

Accountable Care Collaborative Model Details and Policy Decisions

The next phase of the Accountable Care Collaborative (ACC) seeks to optimize health for those served by Medicaid through accountability for value and client experience at every life stage. This update summarizes three key structural decisions that have been made for the ACC Model that will be in place starting July 1, 2017.

1. The Department will contract with one administrative entity in each region of the state to be responsible for the duties traditionally performed by the Regional Care Collaborative Organizations (RCCO) and Behavioral Health Organizations (BHO).
2. The ACC regions will align with the current RCCO regional map. There are two counties in the current BHO regions that don't align with the existing seven RCCO regions: Elbert and Larimer. We will hold stakeholder meetings in those communities to determine how to handle the regional assignment for those two counties.
3. At the beginning of the contract, the ACC will continue to pay most physical health through managed fee for service and most behavioral health through a capitated payment structure.

Over the next year, the Department plans to conduct stakeholder outreach and additional research to continue developing the program model, and will seek stakeholder guidance and input through public meetings of the [ACC Program Improvement Advisory Committee](#) and its

subcommittees. More information about the next iteration of the ACC Program is available via [the RCCO RFP webpage](#).

For more information read [ACC Model Details and Policy Decisions](#).

Accountable Care Collaborative Update

The Accountable Care Collaborative (ACC) Program represents a committed effort to transform the Medicaid program into a system of better care for all its members, and to lower costs for the State of Colorado.

As of April 30, 2015, about 835,000 clients were enrolled in the ACC. ACC enrollment figures continue to increase by about 20,000 new members each month.

Nearly 75% of all ACC members are now attributed to a Primary Care Medical Provider. This means that nearly 621,000 ACC members have a provider to act as their medical home.

Medical Services Board

Public Rule Review Opportunities

Partners who are interested in a one-on-one discussion with Department staff about upcoming rules are invited to attend the Department's Public Rule Review Meeting. Information is available on the [Public Rule Review Meetings](#) web page. Reasonable accommodations for the meetings are provided upon request for persons with disabilities.

If you would like more information, or to be added to the Medical Services Board email distribution list, please contact [Judi Carey](#).

Disability Rights Notice

The Colorado Department of Health Care Policy and Financing does not discriminate against any person on the basis of disability in its programs, services, and activities. To meet the requirements of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 ("ADA"), the Department adopted operating procedure [ADA001 Disability Rights Policy and Grievance Procedure](#). More information including a copy of this policy is available on the Department's [website](#). For further information or to file a discrimination complaint contact:

504/ADA Coordinator

Health Care Policy & Financing

1570 Grant Street

Denver, Colorado 80203

Telephone: 303-866-6010

FAX: 303-866-2828

State Relay: 711

Email: hcpf504ada@state.co.us

Employment Opportunities

Applying for state government jobs is easy. Applications are electronic, you will receive updates, and you do not need to answer any written questions until it is determined that you meet the



minimum qualifications. Check out the [website](#) for State of Colorado jobs including the Department of Health Care Policy and Financing jobs.

The Department offers a competitive benefits package that includes the Public Employees' Retirement Account (PERA), a 401K or 457 retirement plan, health and dental insurance options, 10 holidays, and accrual of paid sick and vacation time. The Department is a tobacco-free campus.

Enrollment

In April 2015, there were 1,221,991 Coloradans enrolled in Medicaid and 54,160 Coloradans enrolled in CHP+.

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